

中學生ACWY血清型腦膜炎雙球菌 (meningococcal ACWY) 疫苗接種計劃同意書

請完整填寫並簽名後交回學校

如何填寫同意書

- 閱讀「ACWY血清型腦膜炎雙球菌相關資訊」及同意書上資訊。
- 如果同意，請填寫「同意接種疫苗」部分並簽上 / 電腦輸入您的名字。
- 請將同意書交回學校，即使您不願意您的孩子接種疫苗也請交回。

ACWY血清型腦膜炎雙球菌相關資訊

ACWY血清型腦膜炎雙球菌

腦膜炎雙球菌病是由細菌引起，雖然並不常見，但可迅速變得非常嚴重。大約10%的人在喉頭帶有腦膜炎雙球菌，但不會感到不適，這些人稱為「帶菌者」。腦膜炎雙球菌透過頻繁、密切、長期的家庭和親密接觸在人與人之間傳播。青少年較容易感染腦膜炎雙球菌病，傳染給他人的可能亦較高。

當這些細菌入侵血液引起敗血症（血液中的感染，也稱為「菌血症」）或腦膜炎（覆蓋腦部的腦膜炎症）時，就會發生侵襲性腦膜炎雙球菌病，其死亡率可高達10%，偶爾也可能在關節、咽喉、肺部或腸道發生嚴重感染。

腦膜炎雙球菌有不同的菌株（血清型），以英文字母加以識別，分別為A、B、C、W和Y。近年來其中一些腦膜炎菌株在澳洲有增加的趨勢。

強烈建議15至19歲的青少年接種B型腦膜炎疫苗。B型腦膜炎疫苗可以憑處方接種，您可以向醫生諮詢。

ACWY腦膜炎疫苗

Nimenrix®ACWY腦膜炎疫苗是一種四合一的結合疫苗，可以預防A、C、W、Y型菌株腦膜炎雙球菌。研究顯示這種疫苗可以為青少年提供高達97%的免疫力。英國已從2015年開始實施青少年接種ACWY腦膜炎疫苗計劃，美國亦於2005年起開始推薦接種此疫苗。

疫苗中不含任何活性細菌，不會引發腦膜炎雙球菌病症。這種ACWY腦膜炎疫苗可以加強青少年對C型菌株的抵抗力（該疫苗在嬰兒時期已經注射過），並能預防A、W和Y型菌株。

如何進行疫苗接種？

接種ACWY腦膜炎疫苗是在上臂進行一次注射。

ACWY腦膜炎疫苗可能出現的副作用

大部份副作用都很輕微而且很快消失。接種疫苗後不久可能出現的反應：

常見副作用

- 體溫微升
- 頭痛
- 頭暈
- 食慾不振

- 注射處疼痛紅腫
- 接種任何疫苗後30分鐘內可能會昏厥

若發生輕微反應，可用以下方法減少副作用：

- 盡量多喝水，如果發燒不要穿過多衣服
- 服用撲熱息痛止痛藥（paracetamol），並以冷的濕毛巾覆蓋在酸痛的注射處。

極為罕見的副作用

- 嚴重過敏反應

萬一出現嚴重過敏反應，將有即時的醫療護理。如果反應嚴重且持續，或者您很擔心，請聯絡您的家庭醫生或醫院。

疫苗接種前核對表

如有下列任何情況，請在孩子接種前告訴醫生或護士：

- 接種當天身體不適（體溫超過38.5°C）
- 有任何嚴重過敏
- 對任何疫苗接種曾有過嚴重反應
- 懷孕

接種之後，請在接種處等候至少15分鐘才離開。

其他資訊

若需要進一步建議或資訊，請聯絡您當地市政府的疫苗接種服務處或當地醫生。

[Better Health Channel](https://www.betterhealth.vic.gov.au) <https://www.betterhealth.vic.gov.au>

[澳洲政府衛生部](https://www.health.gov.au/health-topics/immunisation) <https://www.health.gov.au/health-topics/immunisation>

若需翻譯及傳譯服務，請致電131 450

ACWY腦膜炎疫苗同意書

學生資料（如Medicare卡上記載）

Medicare號碼（包括孩子姓名旁邊的號碼） （未持有Medicare卡者亦可接種此疫苗）	
姓氏	
名字	
郵政地址	
郵政編碼	
出生日期	
性別	<請註明性別>
學校名稱	
班級	

是否為原住民或托雷斯海峽島民？請用「X」標記您的回答

否	
原住民	
托雷斯海峽島民	
原住民及托雷斯海峽島民	

父母 / 監護人聯絡資料

父母 / 監護人姓名	
日間電話	
手機	
電郵	

同意接種疫苗

聲明：我獲授權決定是否同意我的孩子接種疫苗。我已閱讀並理解給我的疫苗接種相關資訊，其中包括沒有注射疫苗的風險和疫苗的副作用。我明白，我可與當地市政府或醫生討論注射疫苗的風險與效益。我瞭解在接種疫苗之前，我可以隨時撤回同意書。

請在下方用「X」標記您選擇的答案。

是的，我同意我的孩子在學校接種ACWY腦膜炎疫苗。 這種腦膜炎疫苗是四合一的結合疫苗，可以預防A、C、W、Y型菌株腦膜炎雙球菌（注射一劑）。	
如果您在上方選擇了「是的」，請簽名或輸入您的姓名。	
您簽署本同意書的日期。	
不同意，我不同意我的孩子在這個時候接種ACWY腦膜炎疫苗。	
不同意，我的孩子已經在其他地方接種過ACWY腦膜炎疫苗。	
請註明原先已有的病況、嚴重過敏或過往對疫苗接種有的嚴重反應。	

隱私聲明

ACWY腦膜炎疫苗接種計劃是聯邦政府資助的計劃。由一位獲地方市政府免疫接種服務處聘請的免疫接種護士執行該計劃，並每年數次到訪每所維州中學。根據《2008年公共衛生與福祉法》（*Public Health and Wellbeing Act 2008*），地方政府需負責為市政區內受教育的兒童協調及提供疫苗接種服務。地方政府應依據《2014年隱私與數據保護法》（*Privacy and Data Protection Act 2014*）及《2001年健康紀錄法》（*Health Records Act 2001*）承諾保護個人資料的隱私、保密及安全。

地方市政府負責將所有透過學校疫苗接種計劃進行接種的青少年向澳洲免疫接種登記處（*Australian Immunisation Register (AIR)*）彙報，能夠識別個人身份的資料將會加以保密。這項程序將提供用具（例如召回或提醒系統），以提高青少年的接種率。這在改進整體疫苗接種率方面非常重要。每個人均可向澳洲免疫登記處索取其所有接種疫苗紀錄。匯集的免疫注射數據或可向維州政府披露，以利監督、資助和改進中學生ACWY腦膜炎疫苗接種計劃。這些資料不會識別任何的個人身份。

您或您孩子的資料僅在直接關係到您孩子的免疫注射時才會取用或披露，並以您認為合理的方式披露。這可能包括相關資料轉交到您的家庭醫生、您孩子的家庭醫生、另一醫療健康服務機構、醫院或其他市政府，或與他們交換資料。當地市政府也可能會透過手機短訊服務（*SMS*）或電郵向您提供中學生免疫接種計劃的訊息。您可以聯絡您子女就讀學校的當地市政府索取您孩子的資料。

什麼是國家免疫接種計劃？

國家免疫接種計劃時間表規定了為兒童、學校課程、成人、原住民和托雷斯海峽島民以及其他高危人群免費接種疫苗。作為該計劃的一部分，建議15至16歲或中學10年級的青少年免費接種疫苗。上至20歲可以免費補打疫苗。

Office use only

Vaccine	Meningococcal ACWY				
Vaccination date		Nurse initials		Site: L/R arm	

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Meningococcal ACWY Secondary School Vaccine Program consent card

Complete, sign and return to school

How to complete the form

- Please read the Meningococcal ACWY information and the information in the vaccine consent form.
- Complete the Vaccine consent section and sign or type your name if a Yes.
- Return the consent form to the school even if you do not want your child to be vaccinated.

Meningococcal ACWY information

Meningococcal ACWY

Meningococcal disease is caused by bacteria. Although meningococcal disease is uncommon, it can become very serious, very quickly. About 10 per cent of people carry meningococcal bacteria in their throat without becoming unwell. These people are known as 'carriers'. Meningococcal bacteria are passed from person to person by regular, close, prolonged household and intimate contact. Adolescents are at increased risk of meningococcal disease and more likely to spread the disease to others.

Invasive meningococcal disease occurs when these bacteria enter the blood stream to cause septicaemia (infection in the blood, also known as 'bacteraemia') or meningitis, (inflammation of the membrane covering of the brain). Death can occur in up to 10 per cent of cases. Occasionally, severe infection can also occur in the joints, throat, lungs or intestines.

There are different strains (serogroups) of meningococcal bacteria known by letters of the alphabet, including meningococcal A, B, C, W and Y. In recent years some of these meningococcal strains have increased across Australia.

Meningococcal B vaccination is strongly recommended for adolescents aged 15 to 19 years. Meningococcal B vaccination is available on prescription and this can be discussed with your doctor.

Meningococcal ACWY vaccine

The Meningococcal ACWY vaccine, Nimenrix®, is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains. Studies have shown that this vaccine can provide up to 97 per cent immunity in adolescents. Meningococcal ACWY vaccination programs have been implemented in adolescents in the UK since 2015 and recommended in the US since 2005.

The vaccine does not contain any live bacteria and cannot cause meningococcal disease. The meningococcal ACWY vaccine will boost adolescents with the C strain they had as a baby and protect against the A, W and Y strains.

How is the vaccine given?

The Meningococcal ACWY vaccination is a single injection administered into the upper arm.

Possible side effects of meningococcal ACWY vaccine

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after vaccination.

Common side effects

- Mild temperature
- Headache
- Dizziness
- Loss of appetite
- Pain, redness and swelling at the injection site
- Fainting may occur up to 30 minutes after any vaccination.

If mild reactions do occur, the side effects can be reduced by:

- Drinking extra fluids and not over-dressing if the person has a fever
- Taking paracetamol and placing a cold, wet cloth on the sore injection site.

Extremely rare side effects

- Severe allergic reaction.

In the event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

Pre-immunisation checklist

Before you or your child is immunised, tell your doctor or nurse if any of the following apply.

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction to any vaccine
- Is pregnant.

After vaccination wait at the place of vaccination a minimum of 15 minutes.

Further information

If you require further advice or information, please contact your local council immunisation service or local doctor.

[Better Health Channel](https://www.betterhealth.vic.gov.au) <https://www.betterhealth.vic.gov.au>

[Australian Government Department of Health](https://www.health.gov.au/health-topics/immunisation) <https://www.health.gov.au/health-topics/immunisation>

Translating and interpreting service call 131 450

Meningococcal ACWY vaccine consent form

Student details (as recorded on the Medicare card)

Medicare number (including number beside child's name) (Non-Medicare cardholders are also eligible for this vaccine)	
Surname	
First name	
Postal address	
Postcode	
Date of birth	
Gender	<please indicate gender>
School name	
Class	

Is this person of Aboriginal or Torres Strait Islander origin? Mark chosen response with an 'X'

No	
Aboriginal	
Torres Strait Islander	
Aboriginal and Torres Strait Islander	

Parent/guardian contact details

Name of parent/guardian	
Daytime phone	
Mobile	
Email	

Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of the vaccine. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

Please mark your chosen response, below, with an 'X'.

YES, I CONSENT to my child receiving the Meningococcal ACWY vaccine at school.	
The Meningococcal ACWY vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection).	
If you have selected 'Yes' above, please sign or type your name.	
Date you signed this form.	
No, I do not consent to my child receiving the Meningococcal ACWY vaccine at this time.	
No, my child has had the Meningococcal ACWY vaccine elsewhere.	

Please insert here any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.

Privacy statement

The meningococcal ACWY vaccine program is a Commonwealth government funded vaccine program. Vaccines are administered by an immunisation nurse, employed by local council immunisation services, who visit each Victorian secondary school a number of times a year. Under the *Public Health and Wellbeing Act 2008*, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

Local councils report all adolescent vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. This will provide tools such as recall and reminder systems to improve adolescent vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the Australian Immunisation Register. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Meningococcal ACWY Secondary School Vaccine Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child's GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

What is the National Immunisation Program?

The National Immunisation Program schedule sets out free vaccinations for children, school programs, adults, Aboriginal and Torres Strait Islander peoples and other people at risk. As part of the program, free vaccines are recommended for adolescents aged 15 to 16 years or in Year 10 of secondary school. Free catch-up vaccination is available up to 20 years of age.

Office use only

Vaccine	Meningococcal ACWY				
Vaccination date		Nurse initials		Site: L/R arm	

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